

<b>REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)</b>			THIS RFO <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE OF PAGES 1   11
1. REQUEST NO. N00173-14-Q-0097	2. DATE ISSUED 01/17/2014	3. REQUISITION/PURCHASE REQUEST NO. 55-2027-14	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1		RATING
5a. ISSUED BY Supply Officer (Code 3410) NRL Washington DC 20375			6. DELIVER BY (Date) 02/27/2014		
5b. FOR INFORMATION CALL (NO COLLECT CALLS)			7. DELIVERY		
NAME Georgianna Romero		TELEPHONE NUMBER		<input checked="" type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
		AREA CODE 202	NUMBER 767-2022	9. DESTINATION	
8. TO:			a. NAME OF CONSIGNEE Naval Research Laboratory		
a. NAME All Quoters		b. COMPANY		b. STREET ADDRESS 4555 Overlook Avenue SW	
c. STREET ADDRESS			c. CITY Washington		
d. CITY		e. STATE	f. ZIP CODE	d. STATE DC	e. ZIP CODE 20375-5329
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 01/27/2014		IMPORTANT: This is a request for information, and quotations furnished are not officers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.			

11. SCHEDULE (Include applicable Federal, State and local taxes)

ITEM NO. (a)	SUPPLIES/ SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	See Attached Continuation Sheets				

12. DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS	
				NUMBER	PERCENTAGE

NOTE: Additional provisions and representations  are  are not attached.

13. NAME AND ADDRESS OF QUOTER			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION
a. NAME OF QUOTER			16. SIGNER		b. TELEPHONE
b. STREET ADDRESS					
c. COUNTY			a. NAME (Type or print)		AREA CODE
d. CITY		e. STATE	f. ZIP CODE	c. TITLE (Type or print)	
					NUMBER

NAME OF OFFEROR CONTRACTOR

All Quoters

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
001	X-Band 5 Watt Solid State Power Amplifier: -Operating Freq.: 10115 MHz-10465 MHz -Signal Gain: 33 dB min -Gain flatness: +/-2 dB max -Output power at 1 dB compression: 37 dBm min (5 watts) -Noise figure: 6.5 dB max -Input/output connector: Type N female -VSWR (Input/Output): 1.45:1.0 -Packaging: 19" rackmount with colling fans with max dimension 19"x3.5"x16" (WxHxD) -Operating Temperature: 0C to +40C -Power Supply: 110 Vac 50/60 Hz -Actual test data of each unit P/N KME101104BYY	2	EA		
002	Ku-Band 50 Watt Solid State Power Amplifier: -Operating freq.: 14375 MHz - 14855 MHz -Signal gain: 33dB min -Gain flatness: +/- 2dB compression: 47 dBm min (50 watts) -Noise Figure: 6.5 dB max -Input/Output connectors: Type N female -VSWR (input/output): 1.45:1.0 mx -Packaging: 19" rack-mount wih cooling fans. Maximum dimension: 19"x3.5"x16" (wxhxd) -Operating temperature: 0C to +40C -Power Supply: 11 VAC, 60/50Hz -Actual test data of each unit P/N KME143118BZZ	2	EA		
If available please include a published price list or a cost breakdown and return the RFQ package to the following fax number (202)767-6678.					
Any questions concerning this Request for Quotation (RFQ) must be e-mailed to SolQnA@nrl.navy.mil at least five (5) days before the closing date shown in block 10 on page 1 of RFQ.					